

Forum on
**Towards equitable futures: Integrating
history, theory and practice**

**Museum of New Zealand Te Papa Tongarewa
Wellington**

Wednesday 24th March 2010

Speakers

Sir Mason Durie
Professor of Māori Research & Development and Assistant Vice Chancellor (Māori & Pasifika)
Massey University
New Zealand

Nancy Krieger
Professor of Society Human Development and Health
Harvard School of Public Health
Boston, USA

David Byrne
Professor of Sociology and Social Policy
Durham University
UK

Cesar Victora
Professor of Epidemiology
Federal University of Pelotas
Brazil

New Zealand based panel

Don Matheson (facilitator)
Centre for Public Health Research
Massey University

Tony Blakely
Wellington School of Medicine and Health Sciences
University of Otago

Di Grennell
Amokura Family Violence Prevention Strategy

Gael Surgenor
Ministry of Social Development

Teresa Wall
Ministry of Health

FOR REGISTRATION DETAILS ON-LINE VISIT

<http://publichealth.massey.ac.nz/Symposia/Sym2010/Forum/Towards%20equitable%20futures.htm>

The forum is supported with funding from the Centre for Public Health Research, Massey University and the Social Policy, Evaluation and Research committee (SPEaR).

Participants should register in advance, and will be asked to pay a small registration fee to cover organisational costs and lunch. Registration fees: \$100.

LIMITED SPACES AVAILABLE



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Forum on
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Programme – Wednesday 24th March 2010

- 8.45 – 9.00 *Welcome*
- 9.00 – 9.50 **Mason Durie, Massey University, NZ**
Māori Health Transformation: catalysts for Indigenous innovation.
- 9.50 – 10.40 **Nancy Krieger, Harvard School of Public Health, US**
Health inequities and epidemiologic theories of disease distribution – an ecosocial critique
- 10.40 – 11.00 *Morning Tea*
- 11.00 – 11.50 **David Byrne, Durham University, UK**
Unravelling causality in relation to complex social interventions in a complex world
- 11.50 – 12.20 **Cesar Victora, Federal University of Pelotas, Brazil**
Equity in the context of global maternal and child health: most progress where it is least needed
- 12.20 – 1.00 *Lunch*
- 1.00 – 3.00 Discussion panel session
- The panel will include, **Di Grennell**, Amokura Family Violence Prevention Strategy, **Teresa Wall**, Ministry of Health, **Gael Surgenor**, Ministry of Social Development and **Tony Blakely**, Wellington School of Medicine and Health Sciences, University of Otago. The session will be facilitated by **Don Matheson**, CPHR, Massey University.
- 3.00 onwards *Afternoon Tea*
- Following the forum please join us for the launch of the Massey School of Public Health (or use this time to take a break and look around Te Papa and join us afterwards for some socialising)
- 4.00 – 5.00 *Social time (chatting, nibbles and drinks)*



ABSTRACTS

Mason Durie - Māori Health Transformation: catalysts for Indigenous innovation

Two Māori health movements illustrate the health impacts of tribal, community, clinical, and political collaboration. First, at the beginning of the 20th century a concentrated effort by youthful Māori leaders to encourage adaptation through public health measures, societal change and economic reform, played a significant part in arresting population decline and steering a course towards population recovery. Second, over the past two decades, greatly increased Māori engagement in health and health services has similarly contributed to foundations upon which major gains in health can unfold. Although separated by a century, a set of common catalysts for innovation can be identified: distributed leadership, a climate of political facilitation, and a capacity for working between systems, sectors, and bodies of knowledge. The catalysts provide a framework within which innovation can be considered.

Nancy Kreiger - Health inequities & epidemiologic theories of disease distribution – an ecosocial critique

Why bother about theory when working for social justice and public health? Because theory is fundamental to describing, explaining, and altering population patterns of health, including the magnitude of health inequities. Traced to its Greek roots, “theory” involves both vision and insight; the Greek word “*theoria*” refers to seeing inwards, such that to theorize is to use our mind’s eye systematically, following articulated principles, to discern meaningful patterns among both ideas and observations. It consequently is theory that enables us to make the invisible visible and to see gaps – in constructs, in variables, and in the data themselves. Translated to the realm of public health, in this presentation I will discuss key features of epidemiologic theories of disease distribution, compare the overall dominant biomedical and lifestyle frameworks to those of diverse theoretical trends in social epidemiology – including sociopolitical, psychosocial, and ecosocial approaches – and then provide conceptual and empirical examples demonstrating why theory matters for analyzing and addressing the public’s health, with a particular emphasis on links between racism and health inequities. At issue are harms done if the theories employed ignore societal determinants of health, disregard levels, and focus on the wrong timeframes. Hence: theory is imperative for sound data illuminating and strengthening the links between social justice and public health -- in societal, historical, and ecologic context.

David Byrne - Unravelling causality in relation to complex social interventions in a complex world

How do we understand what works when we are dealing with what now are increasingly referred to as ‘wicked issues’ and when the techniques that we use for addressing them involve human actors working with human subjects in the world as it is? Health inequality is regarded as the ‘wicked issue’ in health policy. At one level of course we can understand the origins of health inequality in very straightforward terms. We have health inequalities when we have an unequal society. “*It’s capitalism innit?*” – and in lots of ways that is exactly what it is. The generative mechanism – to use the terminology of realist ontology - of health inequality is exactly the general nature of the capitalist social order. That said the actual expression of health inequalities – again using the terminology of realist ontology – is different in different places and at different time. Base may determine superstructure but only in the sense of setting boundaries within which a range of different conditions are possible. When we intervene in relation to health inequalities we intervene in order to bring into being a better condition than the one we start with. We seek to achieve a phase shift. But the world is complex and human actors have their own motives let alone their engagement with the human motives of the actual people in the contexts in which they intervene. Is the solution to impose the artificial order of the randomized controlled trial on our work, as recommended by a recent UK House of Commons Health Select Committee examining health inequalities? “*Not on your nelly*”, would be my reply and this presentation will show how, by drawing on the complexity frame of reference and working through process tracing in relation to systematic cross case comparison, we can actually start to understand what works where and when and what might work somewhere else and at some other time.



BIOGRAPHIES

Tony Blakely

Research Professor, Wellington School of Medicine and Health Sciences, University of Otago

Tony is a research professor, epidemiologist, and public health medicine specialist. He has an extensive research background, with his main research activity focusing on ethnic and socio-economic disparities and trends in mortality and health, tobacco, neighbourhoods, cancer control, longitudinal studies, healthy eating and health services. He is Director of the Health Inequalities Research Programme, which is funded principally by the Health Research Council of New Zealand.

David Byrne

Professor of Sociology and Social Policy, Durham University, United Kingdom

Attended University of Newcastle and LSE before teaching at Durham 1970-74. Research Director North Tyneside Community Development Project 1974-77. Reader in Sociology Ulster Polytechnic 1977-80. Since that time he has been based at the University of Durham. National positions have included Treasurer Social Policy Association, Treasurer Joint Universities' Council for Social and Public Administration, Chief Examiner for Sociology studentships ESRC. Editor of Sociology. Member ESRC College of Assessors, Member ESRC Research Training Board, Academician - Academy of Learned Societies for the Social Sciences. His research interests include case based methods, complexity theory, postindustrial social structures, privatization of welfare systems, quantitative methods and urban systems. David also teaches perspectives on social research, philosophy of social research, quantitative methods and statistical exploration and reasoning.

Mason Durie

Professor of Māori Research and Development & Assistant Vice-Chancellor (Māori & Pasifika), Massey

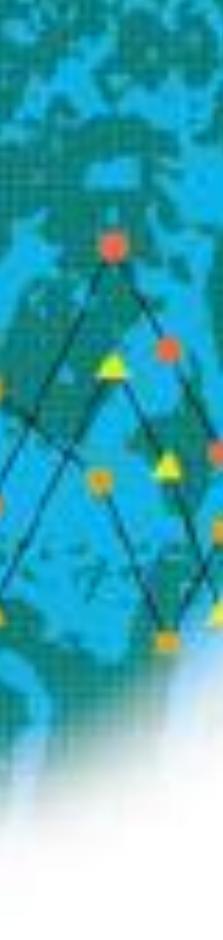
Professor Mason Durie (Rangitane, Ngati Kauwhata, Ngati Raukawa) is Deputy Vice-Chancellor, Assistant Vice Chancellor (Māori and Pasifika), Professor of Māori Research & Development, and Director, Te Pūmanawa Hauora at Massey University. He is also on the governing body of Te Wānanga o Raukawa, a tribal tertiary education institution. A psychiatrist by training, Professor Durie is a leading Māori health scholar and researcher. One of the authors of the Māori Health Strategy (He Korowai Oranga) he was also a member of the the Royal Commission on Social Policy in 1988, is a former Families Commissioner and Chair of the New Zealand Education Guardian's Group. He has always advocated strongly for a Māori development approach where autonomy, integrated social, cultural, health and economic development were emphasised. He is the author of several seminal Māori health texts including *Whaiora - Māori Health and Development*. In 2010 Professor Durie received a knighthood for services to Māori health and public health.

Di Grennell

Executive Director, Amokura.

Di Grennell (Ngai Tahu, Ngati Mutunga) is the Executive Director of Amokura. Amokura is a regional violence prevention and early intervention initiative governed by Chief Executives of seven tribal authorities in Taitokerau. Di has a background in social services, education, justice, and iwi and Maori development. She is a student of social change and speaks regularly at regional and national fora around themes of change and possibility, as well as participating in several policy advice groups. Di applies the 'mokopuna test' to her work. 'Will this mahi benefit our mokopuna? Could it contribute to whanau liberation? If the answer is yes, then it's worthy of my attention and energy.' Di is based in Whangarei.





Nancy Kreiger

Society, Human Development, and Health, Harvard School of Public Health, United States of America

Nancy Krieger is Professor of Society, Human Development, and Health at the Harvard School of Public Health (HSPH) and Co-Director of the HSPH Interdisciplinary Concentration on Women, Gender, and Health. She received her PhD in epidemiology from the University of California at Berkeley in 1989. Nancy is an internationally recognized social epidemiologist, with a background in biochemistry, philosophy of science, and the history of public health, combined with 25 years of experience as an activist in issues involving social justice, science, and health. In 2004, she became one of the ISI highly cited scientists, a group comprising "less than one-half of one percent of all publishing researchers."

Gael Surgenor

Development Manager, Family and Community Services, Ministry of Social Development

Gael works for the Ministry of Social Development. She leads two major campaigns to positively change parent's behaviour (SKIP) and address family violence (It's Not OK). She works to combine the approaches of community development, social innovation, social marketing and partnerships to achieve positive results for New Zealand families and communities. Before joining the Ministry of Social Development six years ago she spent more than 20 years in the community sector as a community lawyer, community media producer and development worker. In 2007 she was invited as the only public servant, to join the New Zealand Social Entrepreneur Fellowship. In 2009 she was awarded a Leadership Development Centre Fellowship to study working with social complexity and leading public sector social innovation.

Cesar Victora

Professor of Epidemiology, Federal University of Pelotas, Brazil

Cesar has carried out case-control studies on the importance of exclusive breastfeeding for preventing infant deaths in the 1980s. In 1982 he helped set up a large birth cohort in Pelotas, Brazil, which has continued up to the present with over 25 years of follow up. It has led to several publications on the long-term consequences of early life exposures, particularly undernutrition. Cesar has been involved in maternal and child health surveys in many countries throughout Latin America, Africa and Asia. His current interests also include epidemiological studies of inequalities in maternal and child health indicators, and evaluations of the impact of large-scale programmes in low and middle-income countries.

Teresa Wall

Deputy Director General, Ministry of Health

Teresa is of Te Rarawa and Te Aupouri descent has been with the Ministry since 1997, most recently as the Māori Health Policy Manager in Te Kete Hauora. She has been responsible (with the Public Health Directorate) for the development and dissemination of the inequalities tools across the Ministry and DHBs, and for providing input into the Ministry's response to the Ministerial review of ethnically targeted policies and programmes. Teresa also led the review of the National Kaitiaki Group following the Gisborne Cervical Screening Inquiry and has represented the Ministry on a number of inter-agency officials groups. She has a nursing background specialising in renal nursing. She also has a post graduate diploma in public health.

